

UNITED STATES DISTRICT COURT

Middle

RECEIVED

District of

Alabama

JEFFERY GOULD 2005 NOV 17 A-94977

Plaintiff
DRAFF HACKETT CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA
V.

Health Care Et. Al.

Defendant

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

2:05CV1102-F

I, Jeffery Gould declare that I am the (check appropriate box) petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Staton Prison P.O. Box 56, Elmore, AL 36025

Are you employed at the institution? Yes Do you receive any payment from the institution? No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Self employment.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

My Mother Sends me about \$100 Dollars per Month as a gift to me.

4. Do you have **any** cash or checking or savings accounts? Yes No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No

If "Yes," describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

11-15-05
Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
STATON CORRECTIONAL FACILITY

AIS #: 140977 NAME: GOULD, JEFFERY AS OF: 11/10/2005

MONTH	# OF DAYS	Avg Daily Balance	Monthly Deposits
NOV	20	\$0.03	\$0.00
DEC	31	\$4.15	\$80.00
JAN	31	\$9.59	\$80.00
FEB	28	\$7.15	\$105.00
MAR	31	\$6.85	\$100.00
APR	30	\$10.27	\$150.00
MAY	31	\$7.03	\$100.00
JUN	30	\$4.78	\$105.00
JUL	31	\$5.31	\$125.00
AUG	31	\$10.26	\$130.00
SEP	30	\$2.07	\$90.00
OCT	31	\$7.14	\$120.00
NOV	10	\$0.02	\$0.00

RECEIVED
IN THE UNITED STATES DISTRICT COURT
FOR THE Middle District OF ALABAMA
2005 NOV 19 AM 24

Jeffery Todd Gould
Plaintiff(s)/Petitioner(s)

vs.

CIVIL ACTION NO. _____

(To be supplied by Clerk of Court)

Arron Bee et. AL
Defendant(s)/Respondent(s)

MOTION TO PROCEED WITHOUT PREPAYMENT OF FEES

I, Jeffery Todd Gould, a United States citizen, make this Motion to Proceed Without Prepayment of Fees pursuant to Title 28 U.S.C. § 1915 in order to proceed in forma pauperis in this action. I am unable to make prepayment of fees or to give security therefor, and it is my belief that I am entitled to redress. I have not divested myself of any property, monies or any items of value for the purpose of avoiding payment of said fees.

I. BRIEF STATEMENT AS TO THE NATURE OF THE ACTION: Failure for and denial of treatment by Prison Health Care Services

II. RESIDENCE:

Your address: Staton Prison G dorm 4-187
(Street)
Elmore Alabama 36025
(City) (State) (Zip Code)

III. MARITAL STATUS:

1. Single X Married _____ Separated _____ Divorced _____
2. If married, spouse's full name: _____

IV. DEPENDENTS:

1. Number: NA
2. Relationship to dependent(s): _____
3. How much money do you contribute toward your dependents' support on a monthly basis? \$ NA

V. EMPLOYMENT:

1. Name of employer: N/A

a. Address of employer: _____
(Street) N/A

(City) _____ (State) _____ (Zip Code) _____

b. How long have you been employed by present employer?
Years: N/A Months N/A

c. Income: Monthly \$ _____ or Weekly \$ _____
N/A

d. What is your job title? _____

2. If unemployed, date of last employment: _____
Amount of salary and wages received per month in last employment: \$ _____

3. Is spouse employed? N/A If so, name of employer: _____
N/A

a. Income: Monthly \$ N/A or Weekly \$ N/A
N/A

b. What is spouse's job title? _____

4. Are you and/or your spouse receiving welfare aid? _____
If so, amount: Monthly \$ _____ or Weekly \$ _____

VI. FINANCIAL STATUS

1. Owner of real property (excluding ordinary household furnishings and clothing):

a. Description: _____
b. Full Address: _____
c. In whose name: _____
d. Estimated value: ----- \$ _____
e. Total amount owed: ----- \$ _____
Owed to: _____

f. Annual income from property ----- \$ _____

2. Other assets/property, such as automobiles, boats, motor homes, court judgments, etc. (If more than two, list information on back):

a. Asset (1) Asset (2)

Make & Model: _____
In whose name registered? _____
Present Value of Asset: N/A N/A
Amount owed: _____
Owed to: _____

b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else - \$ N/A

c. List monies received by you during the last twelve (12) months, or held for you by banks, savings and loan associations, prisoner accounts, other financial institutions, or other sources as indicated below:

Business, profession or other forms of self-employment -	\$	<i>(Handwritten mark)</i>
Rent payments, interest or dividends -----	\$	<i>(Handwritten mark)</i>
Pensions, annuities or life insurance payments -----	\$	<i>(Handwritten mark)</i>
Gifts or inheritances -----	\$	<i>(Handwritten mark)</i>
Stocks, bonds or notes -----	\$	<i>(Handwritten mark)</i>
Tax refunds, Veteran benefits or social security benefits -----	\$	<i>(Handwritten mark)</i>
Any other sources -----	\$	<i>(Handwritten mark)</i>

3. Obligations:

a. Monthly rental on house or apartment -----	\$	<i>(Handwritten mark)</i>
b. Monthly mortgage payments on house -----	\$	<i>(Handwritten mark)</i>

4. Other information pertinent to your financial debts and obligations:

(Creditor)	(Total debt)	(Monthly payment)
<i>(Handwritten mark)</i>	<i>(Handwritten mark)</i>	<i>(Handwritten mark)</i>
<i>(Handwritten mark)</i>	<i>(Handwritten mark)</i>	<i>(Handwritten mark)</i>
<i>(Handwritten mark)</i>	<i>(Handwritten mark)</i>	<i>(Handwritten mark)</i>

5. If you have indicated that you have minimal or no assets or income, please explain how you provide for your basic living needs such as food, clothing and shelter. (e.g. food stamps, family assistance or charitable contributions.)

(Handwritten mark)

(Handwritten mark)

Other (Explain): *(Handwritten mark)*

(Handwritten mark)

VII. ALL PLAINTIFFS/PETITIONERS MUST READ AND SIGN:

I UNDERSTAND that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury or making false statements. FURTHER, I CERTIFY that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

11-15-05

DATE

Jeffery Todd Gould

SIGNATURE OF PLAINTIFF/PETITIONER

Jeffrey Gould G-4-18 T Station

ADDRESS

Prison Elmore Alabama 36025

VIII. FOR PRISONER PLAINTIFFS/PETITIONERS ONLY:

A financial statement containing all transactions in your prisoner account for the six (6) months immediately preceding the filing of the Complaint must accompany this Motion. The financial statement must be in the form of a computer printout or bank ledger card prepared by the institution; a notarized financial statement that you prepare; or a financial statement prepared by an authorized officer of the institution. Failure to provide this financial statement information may result in the dismissal of this action.

The requirement to submit the financial statement addressed above does not negate your responsibility to ensure that the Certificate found below is also properly executed and filed.

I hereby authorize the agency having custody of me to collect from my prison account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2). I understand that even if I am allowed to proceed in forma pauperis or pay a partial filing fee and even if my case is later dismissed for any reason, I am obligated to pay to the Clerk of the Court the full amount of the filing fee (\$150.00 for a civil action, \$5.00 for a habeas corpus petition, or \$105.00 for an appeal).

11-15-05

DATE

Jeffery Todd Gould 140977

SIGNATURE OF PLAINTIFF/PETITIONER

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ _____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ _____. (Please attach a certified copy of the applicant's account statement showing transactions for the past six months.)

DATE

SIGNATURE OF AUTHORIZED OFFICER